VIRGINIA HIGHLANDS HEALTH & REHABILITATION

W173 N10915 BERNIES WAY

GERMANTOWN 53022 Ownershi p: Corporati on Phone: (262) 509-3300 Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? Operate in Conjunction with CBRF? Number of Beds Set Up and Staffed (12/31/01): Title 18 (Medicare) Certified? 121 Yes Total Licensed Bed Capacity (12/31/01): Number of Residents on 12/31/01: 121 Title 19 (Medicaid) Certified? Yes 107 Average Daily Census: 106 ********************** ***********************

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	48. 6
Supp. Home Care-Personal Care	No					1 - 4 Years	51. 4
Supp. Home Care-Household Services		Developmental Disabilities	1. 9	Under 65	3. 7	More Than 4 Years	0. 0
Day Services	No	Mental Illness (Org./Psy)	25. 2	65 - 74	18. 7		
Respite Care	No	Mental Illness (Other)	5. 6	75 - 84	38. 3		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	31.8	*********	******
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0. 0	95 & 0ver	7. 5	Full-Time Equivaler	nt
Congregate Meals	No	Cancer	0. 9	ĺ	Í	Nursing Staff per 100 Re	
Home Delivered Meals	No	Fractures	10. 3	İ	100. 0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	6. 5	65 & 0ver	96. 3		
Transportati on	No	Cerebrovascul ar	18. 7	[']		RNs	11. 0
Referral Service	No	Di abetes	2.8	Sex	%	LPNs	11. 4
Other Services	No	Respi ratory	8. 4		Ì	Nursing Assistants,	
Provi de Day Programming for		Other Medical Conditions	19. 6	Male	25. 2	Ai des, & Orderlies	32.8
Mentally Ill	No	İ		Femal e	74.8		
Provi de Day Programming for		İ	100. 0	İ	j		
Developmentally Disabled	No				100. 0		
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Method of Reimbursement

		ledicare litle 18			edicaid itle 19	-		0ther			Pri vate Pay	;		amily Care		1	Managed Care	I		
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	% Of All
Int. Skilled Care	0	0. 0	0	41	75. 9	100	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	41	38. 3
Skilled Care	17	100.0	251	13	24. 1	87	0	0.0	0	30	100.0	165	0	0.0	0	6	100.0	345	66	61. 7
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependen	t 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	17	100.0		54	100.0		0	0.0		30	100.0		0	0.0		6	100.0		107	100. 0

County: Washington
VIRGINIA HIGHLANDS HEALTH & REHABILITATION

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti ons,	Services, an	d Activities as of 12/	′31/01		
Deaths During Reporting Period									
		ľ	% Needing						
Percent Admissions from		Activities of	%	Assi sta		% Totally	Number of		
Private Home/No Home Health	5. 3	Daily Living (ADL)	Independent		wo Staff	J	Resi dents		
Private Home/With Home Health	0. 0	Bathi ng	3. 7		l. 1	12. 1	107		
Other Nursing Homes	1.8	Dressi ng	12. 1		5. 7	12. 1	107		
Acute Care Hospitals	91. 8	Transferring	37. 4		i. 2	8. 4	107		
	0.0	Toilet Use	20. 6		1. 5	15. 0	107		
Psych. Hosp MR/DD Facilities		,							
Rehabilitation Hospitals	0.0	Eating	60. 7	3.	. 8	7. 5	107		
Other Locations	1.2	********	*****			**************************************	. * * * * * * * * * * * * * * * * * * *		
Total Number of Admissions	342	Continence			cial Treatment		%		
Percent Discharges To:		Indwelling Or Externa			eceiving Respi		11. 2		
Private Home/No Home Health	49. 2	0cc/Freq. Incontinent	of Bladder	38. 3	lecei vi ng Tracl	heostomy Care	0. 0		
Private Home/With Home Health	0.0	Occ/Freq. Incontinent	of Bowel	30. 8	eceiving Sucti	i oni ng	0. 9		
Other Nursing Homes	3. 9	<u>-</u>		F	Receiving Osto	my Care	1. 9		
Acute Care Hospitals	25. 5	Mobility			eceiving Tube		1. 9		
Psych. HospMR/DD Facilities	0.6	Physically Restrained				anically Altered Diets	19. 6		
Rehabilitation Hospitals	0. 0				8	<i>y</i>			
Other Locations	6. 9	Skin Care		0+1	er Resident C	haracteri sti cs			
Deaths	13. 8	With Pressure Sores			lave Advance Di		87. 9		
Total Number of Discharges	10.0	With Rashes			li cations	110001,000	01.0		
(Including Deaths)	333	With Musiks				hoactive Drugs	57. 9		
(Therauling Deaths)	555	I		r	ccci ving 13yc	noactive brugs	37. 3		

************************************* Ownership: Bed Size: Li censure: Propri etary 100-199 Skilled Al l Thi s Facility Peer Group Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 87.6 77. 1 1. 14 85.7 1.02 82.7 1.06 84. 6 1.04 Current Residents from In-County 44.9 82.7 0.54 86. 1 0. 52 **85**. 3 0.53 77. 0 0. 58 Admissions from In-County, Still Residing 7. 0 19. 1 0.37 17. 5 0.40 21. 2 0.33 20.8 0.34 Admissions/Average Daily Census 322.6 173. 2 1.86 212. 2 1. 52 148. 4 2.17 128. 9 2.50 Discharges/Average Daily Census 314.2 173.8 1.81 210. 1 1.50 150. 4 2.09 130.0 2.42 Discharges To Private Residence/Average Daily Census 154.7 71.5 2.17 87. 3 1.77 **58.** 0 2.67 52.8 2.93 Residents Receiving Skilled Care 100 92.8 1.08 93.8 1.07 91.7 1.09 85. 3 1. 17 Residents Aged 65 and Older 96. 3 86.6 1. 11 94.0 1.02 91.6 1.05 87. 5 1. 10 Title 19 (Medicaid) Funded Residents 50.5 71.1 0.71 60. 5 0.83 64. 4 0.78 68. 7 0.73 Private Pay Funded Residents 28. 0 13.9 2.02 1.07 23.8 22. 0 1. 27 26. 1 1. 18 Developmentally Disabled Residents 1. 9 1. 3 1.40 0. 9 1. 98 0. 9 1.99 7. 6 0. 25 32. 5 Mentally Ill Residents 30.8 0.95 27.3 1. 13 32. 2 0.96 33. 8 0.91 General Medical Service Residents 19.6 20. 2 0.97 27. 4 0.72 23. 2 0.85 19.4 1.01 52.6 51. 2 49.3 Impaired ADL (Mean) 42. 2 0.80 0.83 51.3 0.82 0.86 Psychological Problems 57.9 48.8 1.19 52.4 1. 11 50. 5 1. 15 51. 9 1. 12 Nursing Care Required (Mean) 7. 2 7. 3 0. 76 5. 6 7.3 0.76 6. 7 0.84 0. 78